

Civil Action No. 8:21-cv-03112-GLS

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (*name of individual and title, if any*) \_\_\_\_\_  
 was received by me on (*date*) \_\_\_\_\_.

I personally served the summons on the individual at (*place*) \_\_\_\_\_  
 \_\_\_\_\_ on (*date*) \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with (*name*) \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (*date*) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on (*name of individual*) \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of (*name of organization*) \_\_\_\_\_  
 \_\_\_\_\_ on (*date*) \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other (*specify*): Served by certified mail on December 9, 2021, return receipt requested (attached).

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: 12/16/2021

/s/ Richard J. Oparil

*Server's signature*

Richard J. Oparil, Attorney for Plaintiff

*Printed name and title*

Arnall Golden Gregory LLP  
 1775 Pennsylvania Ave. NW, Suite 1000  
 Washington, DC 20006

*Server's address*

Additional information regarding attempted service, etc:

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Department of Health and Human Services  
200 Independence Ave. SW  
Washington, DC 20201



9590 9402 4818 9032 8431 56

**2. Article Number (Transfer from service label)**

9402 7098 9864 2823 3845 14

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X**

Agent  
 Addressee

**B. Received by (Printed Name)****C. Date of Delivery**

**D. Is delivery address different from item 1?**  Yes  
If YES, enter delivery address below:  No

**3. Service Type**

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt